

# ***Consumer Credit Counseling Certificate of Completion***

Provided By:  
Organization Name  
Address

To:

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(Name of Student)

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(Driver's License No.)

The above named student has successfully completed the course denoted below and has qualified for \_\_\_\_\_ hours of Mandatory Continuing Professional Education credits for the S.C. Department of Consumer Affairs Consumer Credit Counseling Requirement.

Course (Insert Title & Course Number)

Given On (Date)  
In (City, State)

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Provider Signature

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Date Issued

Retain this certificate for your records. DO NOT mail to S.C. Department of Consumer Affairs unless requested.

(This is suggested wording only).